

02-07-01

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PATENTS  
Attorney Docket No.: ~~99~~ 40292-CIP

02/06/01



In re: Patent application of  
Glenn R. Toothman, III and  
Ravinder Chandhok  
Serial No.: Not Yet Assigned  
Filed: Concurrently Herewith  
For: SYSTEM AND METHOD FOR DELIVERING  
INFORMATION AT INACCESSIBLE  
LOCATIONS

Examiner: Not Yet Assigned  
Group Art Unit: Not Yet Assigned

1c903 U.S. PTO  
09/777729  
02/06/01

PATENT APPLICATION TRANSMITTAL

Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, D.C. 20231

Dear Sir:

The following document(s) is submitted herewith:

☒ Patent Application

18 pages Description  
9 pages claims  
1 page Abstract  
3 sheets informal drawings

☐ Unsigned Declaration and Power of Attorney

☐ Applicant is a small entity.

☐ Information Disclosure Statement and \_\_\_\_\_ references.

☐ Assignment and Assignment Recordation sheet.

☐ Other (explain)

Claims	Number Filed	Number Extra	Rate			Basic Fee Small Entity Status \$355.00	Other Than Small Entity \$710.00
Total Claims	48 - 20 =	28	X \$18.00	X \$ 9.00	\$ 252.00	\$252.00	
Independent Claims	4 - 3 =	1	X \$80.00	x \$40.00	\$ 40.00	\$ 40.00	
Multiple dependent claim(s) (if applicable)			+ \$270.00		\$ 0.00		
	TOTAL OF ABOVE CALCULATIONS =					\$647.00	

Certificate of Express Mail

I hereby certify that the attached Patent Application, and any document referred to as being attached or included, is being deposited with the "Express Mail Post Office to Addressee" service of the United States Postal Service in an envelope addressed to: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231 on 6 February 2001.

The number of the "Express Mail" mailing label (EL166821809US) has been placed on the accompanying correspondence prior to mailing. It is therefore respectfully requested that the attached be considered as having been filed in the Office on the date shown above in accordance with the provisions of 37 C.F.R. 1.10.

Lynne Webb

6 Feb. 2001  
Date

☐ A check in the amount of \$\_\_\_\_\_ to cover the above fees is enclosed.

☐ Please charge my Deposit Account No. 18-0586 in the amount of \$\_\_\_\_\_ to cover the above fee. A duplicate copy of this sheet is enclosed.

☐ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 18-0586. A duplicate of this sheet is enclosed.

SEND ALL CORRESPONDENCE TO:  
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Respectfully submitted,



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0977729-020601